

PROVIDING A COORDINATED, VICTIM-CENTERED RESPONSE TO REPORTS OF CORRECTIONS-BASED SEXUAL ASSAULT

The best practices recommended below can assist administrators of prisons, jails, and community confinement facilities in developing coordinated, victim-centered approaches to sexual assault response.¹

Victim-Centered Care

- > Ensure that victims in correctional facilities have access to a full range of medical, mental health, and advocacy services they may need in the aftermath of a report of sexual assault.
- > Maximize victim safety by immediately separating victims from their perpetrators.
- > Balance victims' needs with the safety and security needs of the correctional facility. Protect victims without taking measures that they may perceive as punitive, to the extent possible.
- > Offer victims privacy at the correctional facility, to the extent possible, in the aftermath of a report of sexual assault.
- > Make every reasonable effort to include community-based sexual assault victim advocates in an immediate response to victims in confinement settings. Delineate the relationship between the correctional facility and the community-based victim advocacy program in a memorandum of understanding.
- > Train at least one staff person (either security or non-security) in the correctional facility to serve as an internal victim resource specialist to provide general information and guidance to victims during the immediate response and beyond. This person could be the PREA coordinator or someone who works closely with the coordinator.
- > Ensure that victims have access to sexual assault forensic examiners to perform the medical forensic examination. When possible, consider utilizing independent forensic examiners such as local hospital personnel, who are not employed by the correctional facility or under contract with the correctional agency.
- > Offer a medical forensic examination to sexual assault victims when appropriate. Considerations of appropriateness should include: the victim's health needs and concerns; the jurisdiction's accepted timeframe for evidence collection (e.g., as per policies for use of the jurisdiction's sexual assault evidence collection kit); *and* the specific circumstances of the assault.²
- > If, for security purposes, victims from prisons and jails must be shackled or otherwise

¹ These practices are based on the recommendations and principles described in the U.S. Department of Justice's/ Office on Violence Against Women's 2004 *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*.

² For more information on these kits, see *A National Protocol* (2004), at 65-66. For more on considerations for the timing of collection of evidence, see pages 67-68.

restrained during an exam or transport to a hospital, ensure the level of shackling/restraint correlates with their security status. Shackle or restrain only if necessary for security.

- > Devise correctional facility practices that address, to the extent possible, victims' concerns related to reporting. Make facility policies on reporting sexual assault as easy, private, and secure as possible.
- > Offer victims information following their sexual assault. Where possible and practical, use a three-tiered system to deliver the information: corrections staff members to provide information about what will happen at the correctional facility in response to the report; forensic examiners to provide information on medical and forensic issues; and community-based victim advocates to provide information on what symptoms/reactions they might experience in the aftermath of the assault, emotional support, recovery options, and the criminal justice response to a sexual assault.

Promoting a Coordinated Team Approach

- > Form a planning committee to facilitate the development/revision of a correctional protocol for an immediate response to sexual assault. This committee can also periodically review the protocol for effectiveness and revise as needed.
- > Consider participating in a community-based sexual assault response team (SART), if one exists, or forming a SART for the correctional facility.
- > Ensure core responders (e.g., first responding line staff, medical/mental health staff, transport officers, internal victim resource specialists, and internal investigators) are appropriately trained.
- > Facilitate readiness of examination sites for victims from prisons and jails. Help educate non-corrections-based health care providers who interact with sexual assault victims on issues specific to conducting the examination with victims from prisons or jails.
- > Ensure that policies are in place for reporting prior sexual assault that occurred in other correctional facilities.
- > Initiate regular clinical reviews of the facility's response to sexual assaults and responder performance to determine strengths, weaknesses, gaps, and areas where additional training or revisions to policy are indicated.

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